FORM D

UNITED STATES

MB APPROVAL

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

OMB NumberExpires: Estimated average burden hours per response

Serial DATE



PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Promissory Note (Convertible into Preferred Stock, then convertible into Common Stock)

Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [x] Rule 506 [] Section 4(6) [] ULOE

Type of Filing: [x] New Filing [] Amendment

1. Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)

Envivio.com, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code) 801 Gateway Boulevard, Suite 402, South San Francisco, CA 94080	Telephone Number (Including Area Code) (650) 875-3021
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(If different from Executive Offices)	

Brief Description of Business Software Development

Type of Business Organization

[] limited partnership, already formed

[] other (please specify):

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[x] corporation [] business trust

[] limited partnership, to be formed

Month Year

Actual or Estimated Date of Incorporation or Organization:

0 1 00 [x] Actual [] Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

[DE]

FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely failure to file the appropriate federal notice will not result in a loss of an available state exemption unless st exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Check Box(es) that Apply:	[] Promoter	[x] Beneficial Owner	[x] Executive Officer	[x] Director	[]	General and/or Managing Partner
Full Name (Last name Signes, Julien	first, if individual)	rossa normanism est sus saguidos de	and the second s	e, angles es es es es es es es es es		W S S
Business or Residence Address 801 Gateway Boulevard.	and the second of the second	and Street, City, State, Zip h San Francisco, CA 9	the state of the s	2 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	** ## · · · ·	
Check Box(es) that Apply:	[] Promoter	[x] Beneficial Owner	[x] Executive Officer	[x] Director		General and/or Managing Partner
Full Name (Last name Ambwani, Shawn	e first, if individual)					
Business or Residence Address 801 Gateway Boulevard		and Street, City, State, Zip h San Francisco, CA S				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[x] Director		General and/or Managing Partner
Full Name (Last name Stephane Couvreur	first, if individual)	to vice to a second	and the second second			
Business or Residence Address 801 Gateway Boulevard	•	and Street, City, State, Zip h San Francisco, CA				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[x] Director		General and/or Managing Partner
Full Name (Last name Robert Graham	first, if individual)					
Business or Residence Address 801 Gateway Boulevard,		and Street, City, State, Zip h San Francisco, CA 9				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[x] Director	[]	General and/or Managing Partner
Full Name (Last name Thinh Tran	first, if individual)					
Business or Residence Address	(Number	and Street, City, State, Zip	Code)			
801 Gateway Boulevard						
Check Box(es) that Apply: Managing Partner	[] Promoter	[x] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or
	first, if individual)					
Mike Coleman						
Business or Residence Address	,	and Street, City, State, Zip	•			
801 Gateway Boulevard		 		[1 Di		Comment
Check Box(es) that Apply: Managing Partner	[] Promoter	[x] Beneficial Owner	[] Executive Officer	[] Director	IJ	General and/or
Full Name (Last name Yuval Fisher	first, if individual)					
	Number	and Street, City, State, Zip	Code)			
Business or Residence Address	(Munifoci	and bucci, city, butto, bip	Couc,			

					B. INFO	RMATION	ABOUT O	FFERING				
1Has the	issuer sold	or does the	issuer intend	to sell, to n	on-accredite	d investors i	n this offerin	g?			[] Yes	[x] No
				Ansv	ver also in A	ppendix, Co	lumn 2, if fi	ling under U	LOE.			
2What is	the minimu	ım investmen	t that will be	accepted from	om any indiv	vidual? \$			• • • • • • • • • • • • • • • • • • • •		None	
3Does the	offering p	ermit joint ov	wnership of a	a single unit	?	••••••		•••••			[x] Yes	[] No
solicitation with the S	n of purcha EC and/or	ion requested asers in conne with a state of forth the info	ection with some states, list	ales of secur the name of	ities in the o	ffering. If a or dealer. If	person to be	e listed is an	associated p	erson or age	nt of a broke	neration for or dealer registered of such a broker or
Full Name	e (1	Last name fir	st, if individ	ual)							· · · · · ·	
Business of	or Residen	e Address	(Nur	nber and Str	eet, City, St	ate, Zip Cod	e)			·	· · · ·	
Name of A	Associated	Broker or De	ealer									
		on Listed Ha										[] All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	e (I	Last name fir	st, if individ	ual)								
Business of	or Residence	e Address	(Nur	nber and Str	eet, City, St	ate, Zip Cod	e)					.
Name of A	Associated	Broker or De	aler									
		on Listed Ha						<u> </u>	-		<u> </u>	
(Check "A	All States"	or check indi	vidual States		• • • • • • • • • • • • • • • • • • • •		••••••		*************	•••••		[] All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(1	Last name fir	st, if individ	ual)								
Business of	or Residence	ce Address	(Nur	mber and Str	eet, City, St	ate, Zip Cod	e)					
Name of A	Associated	Broker or De	ealer									
		on Listed Ha	s Solicited o		Solicit Purch	asers				<u> </u>		[] All States

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ <u> </u>	\$0
	\$ 0	\$ 0
Equity	<u> </u>	<u> </u>
[] Common [] Preferred	* • • • • • • • • • • • • • • • • • • •	\$ 148,000.00
Convertible Securities including Warrants.	\$ <u>148,000.00</u> \$ 0	
Partnership Interests	\$ <u> </u>	\$0
Other (Specify)	·——	\$ <u>0</u>
Total	\$ <u>148,000.00</u>	\$ <u>148,000.00</u>
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Aggregate
	Number of Investors	Dollar Amount of Purchases
Accredited Investors	1	\$ <u>148,000.00</u>
Non-accredited Investors	0	\$ <u> </u>
Total (for filings under Rule 504 only)		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		
Regulation A		
Rule 504		
Total		
Total	***	****
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs	ſ] \$
Legal Fees		x] \$2,000.00
Accounting Fees		\$
Accounting 2 000	ι	. μ Ψ
Engineering Fees	(\$
Sales Commissions (specify finders' fees separately)	Į.	[] \$
Other Expenses (identify)	1	\$
Total	[\$
* Assumes full exercise of the Warrants.] \$

C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND U	SE OF PROCEEDS	
b. Enter the difference between the aggregate offering pand total expenses furnished in response to Part C - Quest proceeds to issuer."	\$146,000.00		
5. Indicate below the amount of the adjusted gross profor each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C - Que	purpose is not known, furnish an estimate a e payments listed must equal the adjusted gro	nd	
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		[] \$	[] \$
Purchase of real estate		[] \$	[] \$
Purchase, rental or leasing and installation of machinery a	and equipment	[] \$	[] \$
Construction or leasing of plant buildings and facilities	[] \$	[] \$	
Acquisition of other businesses (including the value of seconfering that may be used in exchange for the assets or secons issuer pursuant to a merger)		[] \$	[] \$
Repayment of indebtedness		[] \$	[] \$
Working capital		[] \$	[]\$
Other (specify):		[] \$	[] \$
Column Totals		[] \$	[] \$146,000.00
Total Payments Listed (column totals added)	0 []\$146,000.00		
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furniformation furnished by the issuer to any non-accredited	nish to the U.S. Securities and Exchange Cor	nmission, upon writte	
Issuer (Print or Type) Envivio.com, Inc.	Signature		Date April 22 , 2002
Name of Signer (Print or Type) Julien Signes	Title of Signer (Print or Type) President		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)